

DELAWARE NATIONAL GUARD AND RESERVE EMERGENCY ASSISTANCE FUND (DNGREAF)

STATE OF DELAWARE * DEPARTMENT OF MILITARY AFFAIRS

1 VAVALA WAY, NEW CASTLE, DE 19720

DNGREAF

The Delaware National Guard and Reserve Emergency Relief Assistance Fund (DNGREAF) provides financial Grants to eligible members of the National Guard or Reserves whose units are based within the State of Delaware. Eligible members may apply for a Grant, if they are encountering difficult situations due to military member being mobilized; or, in times of extreme, unexpected hardship beyond their control (e.g., illness, natural disasters). Emergency situations include, but are not limited to, payments to avoid eviction or foreclosure, utilities to prevent disconnection, vehicle payments to prevent repossession, temporary pay problems, illness, injury, recent loss of employment, natural disaster or destruction of property by fire, water or other man-made destruction.

GRANT CATEGORY & MEMBER ELIGIBILITY	ELIGIBLE EXPENSES
A– MAJOR HARDSHIP GRANT (up to \$10,000) GUARD /RESERVE ELIGIBILITY: <ul style="list-style-type: none">• Title 10 Duty Status OCONUS• Demonstrated financial hardship• Member in good standing	<u>POTENTIAL ELIGIBLE EXPENSES</u> <ul style="list-style-type: none">• Rent/Mortgage• Utilities• Essential privately-owned vehicle• Unexpected household or vehicle repairs• Medical, dental & hospital expenses
B – UNEXPECTED HARDSHIP GRANT (up to \$3,000) GUARD /RESERVE ELIGIBILITY: <ul style="list-style-type: none">• Any duty status• Demonstrated unexpected financial hardship• Member in good standing	<u>INELIGIBLE EXPENSES</u> <ul style="list-style-type: none">• Child Support• Civil suit/bankruptcy expenses• Court fees, fines, judgments, liens, bail, legal fees• Tax payments• Credit card payments• Divorce/marriage expenses• Lease or purchase of a vehicle• Student loans/college tuition payments

Eligible Applicants who may benefit include:

- (1) Members of the National Guard or Reserves whose units are based within the State of Delaware.
- (2) The dependents or immediate family members of any persons described in above (1).

Privacy Act Statement: This form serves as a primary source of information and is used to determine an individual’s eligibility for financial assistance from the DNGREAF. Disclosure of the applicant’s personal information is voluntary. However, failure to provide the requested information may result in our inability to determine eligibility for financial assistance.

INSTRUCTIONS

Applications are reviewed at the regular DNGREAF Board meeting on the 4th Thursday of every month.

For consideration at the monthly meeting, Applications with proper Supporting Documents **must be received by the DNGREAF Board President, no later than 1500 hours on the Monday prior to the meeting.**

1. Print clearly or type Application and ensure all blocks are complete.
2. Applicant must physically sign or electronically CAC sign the form. Applicant is recommended to send to full-time unit personnel to aid in obtaining Unit Commander’s signature.
3. Submit Application and Supporting Documents in person at JFHQ, or mailing address above, or email to the DNGREAF Board President >> ng.de.dearng.mbx.dngreaf@mail.mil
4. Incomplete Packets *will not* be considered.
5. If a Grant is awarded, all checks will be made payable to creditor/service provider.

You can request assistance to complete the application process by contacting any DE Family Readiness Office.

~ ~ ~ THIS SHEET DOES NOT NEED TO BE INCLUDED WITH YOUR SUBMITTED APPLICATION ~ ~ ~

DELAWARE NATIONAL GUARD AND RESERVE EMERGENCY ASSISTANCE FUND (DNGREAF)

REQUIRED SUPPORTING DOCUMENTS

You must submit all REQUIRED SUPPORTING DOCUMENTS with your Application. Otherwise, it will NOT be considered until complete. Additional documents may be required after review, based on circumstances and information provided.)

A complete package includes:

- 1. Application, signed by Applicant and Unit Commander**
- 2. Service Member Identification**
 - Copy of Driver’s License
 - Copy of DoD Identification (CAC)
- 3. Last 2 months most recent bank statements of all accounts (checking, savings)**
- 4. Documents validating each source of income. Include spouse, if married.**
 - Paystubs
 - Military LES
 - If lost income, due to COVID-19, provide last paystub.
- 5. Documents validating expense(s) requested by this Grant. See below for helpful tips on what to include.**

HELPFUL TIPS Samples of supporting documents needed → *If you are requesting help to...*

...pay your mortgage, then submit:

- Mortgage Statement, showing current balance due

...pay your rent, then submit

- Lease (full copy)
- Signed Letter or Statement from Landlord, showing current balance due

...pay your utility bill, electric, water, etc., then submit:

- Most recent bill/invoice, showing current balance due

...pay your auto payment or auto insurance, then submit:

- Copy of your Vehicle registration
- Most recent bill/invoice, showing current balance due

...pay home repairs or vehicle repairs, then submit:

- Copies of two quotes from vendor

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STATE OF DELAWARE * DEPARTMENT OF MILITARY AFFAIRS
 1 VAVALA WAY, NEW CASTLE, DE 19720

APPLICATION FOR EMERGENCY ASSISTANCE GRANT

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MILITARY MEMBER INFO

LAST NAME		FIRST NAME, M.I.	LAST 4 SSN
HOME STREET ADDRESS			DOB
CITY	STATE		ZIP
ARE THERE OTHER INDIVIDUALS RESIDING IN THE HOME (NAME/AGE)?			MARITAL STATUS
EMAIL			CELL PHONE

GUARD/RESERVE STATUS

UNIT	RANK
STATUS (Traditional, AGR, ADOS, Fed Tech, State Tech)	TOTAL YEARS SERVICE

EMPLOYMENT DATA

___ FULLTIME ___ PART TIME ___ UNEMPLOYED* ___ FULL TIME STUDENT

EMPLOYER NAME		
POSITION TITLE		HIRE DATE
STREET ADDRESS		
CITY	ST	ZIP

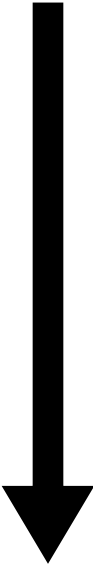
**IF YOU ARE UNEMPLOYED, PLEASE GIVE THE REASON YOU ARE NOT WORKING*

MONTHLY HOUSEHOLD BUDGET SUMMARY

Applicants may be required to meet with the J9 Personal Financial Counselor or other authorized J9 personnel.

MONTHLY INCOME	\$ AMOUNT
Service Member (net)	
Civilian Salary/Pay	
Military Pay (DFAS)	
Child Support	
Other Income	
Spouse's Income (net)	
Civilian Salary/Pay	
Child Support	
Other Income	
Other Income	
Food Stamps	
WIC	
Other	
Other	
Other	

MONTHLY EXPENSES	\$ AMOUNT
Rent	
Mortgage	
HO/Renters Insurance	
HOA Fees	
Electric	
Water	
Sewer	
TV / Internet	
Phone	
Trash	
Heat / Gas	
Cell Phone	
Auto Loan #1	
Auto Loan #2	
Public Transit Fare	
Gas	
Auto Maintenance	
Life Insurance	
Vehicle Insurance	
Renter/Home Insurance	
Health/Dental Insurance	
Child Care	
Child School Expenses	
Child Support	
Credit Cards/ Loan #1	
Credit Cards/ Loan #2	
Credit Cards/ Loan #3	
Credit Cards/ Loan #4	
Meals Eating Out	
Groceries	
Recreation	
Clothing	
Incidentals	



TOTAL INCOME	
TOTAL EXPENSES	
BALANCE +/-	



TOTAL	
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APPLICANT STATEMENT OF HARDSHIP

LAST NAME	FIRST NAME, M.I.
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Describe the extreme and unusual circumstances that caused your financial need what would warrant consideration for this Grant?

What is your plan going forward to improve your financial situation and meet your basic living expenses?

ASSISTANCE REQUEST SUMMARY

GRANT CATEGORY APPLICATION FOR

A - MAJOR HARDSHIP GRANT - Title 10 Duty Status OCONUS only (up to \$10,000)

B – UNEXPECTED HARDSHIP GRANT (up to \$3,000)

List bills you need help to pay with this Grant:

CREDITOR (Company Name)	AMOUNT
TOTAL AMOUNT OF GRANT REQUESTED	\$

HAVE YOU EVER RECEIVED MONETARY ASSISTANCE PREVIOUSLY? YES NO

Initial each line below to confirm you have attached all REQUIRED SUPPORTING DOCUMENTS with Grant Application.

- Application, signed by Applicant and Unit Commander
- Service Member Identification - Driver’s License and DoD Identification (CAC)
- Last 2 months of bank statements for all accounts (checking, savings)
- Documents validating each source of income (Last 2 paystubs, military LES, etc.). Include spouse, if married.
- Documents validating expense(s) requested to be paid by this Grant. See helpful tips (Instructions, PAGE 2) on what to include.

By signing this request for assistance, I certify that all information disclosed above and in attached to this application is true and accurate. If any information is found to be fraudulent, my actions may be referred to local law enforcement for their action. In consideration of the Delaware National Guard and Reserve Emergency Relief Assistance Fund (DNGREAF) acting upon my request for assistance, I hereby agree and consent for their duly appointed representatives to contact my employer, Mortgage Company, landlord, creditors, banks, utility companies, and other such businesses as necessary to verify my need for assistance. I understand that all of the information gathered by the DNGREAF will only be used to verify my application and will not be released to any other parties or used for other purposes. I understand that all personal and financial data will remain in possession of the DNGREAF record and will not be released to any agency or person, except as required by law.

PRINTED NAME	APPLICANT SIGNATURE	DATE
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UNIT COMMANDER * VERIFICATION & SUPPORT

Applicant is recommended to contact full-time unit personnel to aid in obtaining Unit Commander’s signature.

YES NO **Is the military member in good standing?** Please consider any adverse actions, including but not limited to AWOLS, UCMJ, positive urinalysis, height/weight, APFT within the last 12 months of service.

COMMANDER’S RECOMMENDATION	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND DISAPPROVAL
COMMANDER’S REMARKS (REQUIRED)		
PRINTED NAME	COMMANDER SIGNATURE	DATE